**Qualitative**  **Mask Fit Test/PAPRA (Airmate 12)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

OSHA N95 Respirator

 [ ]  Health screen reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MD/RN/LPN)

 [ ]  Approved for fit testing

 [ ]  Not approved for fit testing

 [ ] Airmate 12/PAPRA

 [ ]  Subject has not had any food, drink, and/or gum 15 minutes prior to testing

|  |  |
| --- | --- |
| **Sensitivity Test** | **Fit Test** |
| # taste squeeze: | Duration of exercise: 60 seconds per each except |
| 1-10 (10 test squeezes) | Grimace is 15 seconds |
| 11-20 (20 test squeezes) | To maintain concentration of Bitrex, may repeat |
| 21-30 (30 test squeezes) | Test squeeze with ½ test # every 30 seconds |

 [ ]  Subject able to properly place mask on face

**Test Pass Fail Pass Fail**

Normal breathing [ ]  [ ]  [ ]  [ ]

Deep breathing [ ]  [ ]  [ ]  [ ]  Subject may retest once.

Turn head side to side [ ]  [ ]  [ ]  [ ]  If fail both tests–refer to PAPRA

Move head up and down [ ]  [ ]  [ ]  [ ]

Talk (read rainbow passage) [ ]  [ ]  [ ]  [ ]

Jogging [ ]  [ ]  [ ]  [ ]

Grimace (15’) [ ]  [ ]  [ ]  [ ]

Normal breathing [ ]  [ ]  [ ]  [ ]

**Overall results: Pass/Fail**

Respirator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified mask fit tester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tester signature

I have been instructed in the proper use of the N-95 respirator/PAPRA (Airmate 12). I will follow all procedures, policies, and warnings of this respirator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee signature

**\*\*Return a copy to Mike Nay, Sr. Director of Respiratory Care Services, secure e-fax number: 336-277-9592\*\***